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may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		78 State Index No. 299	
County <u>Gila</u>		County Registered No. <u>200</u>	
District <u>Miami</u>		Local Registrar's No. _____	
Town <u>Argu</u>			
Or City _____			
No. _____ St. _____			
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)			
FULL NAME <u>James Walker Farrell</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX _____	Color or Race <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	DATE OF DEATH <u>11-18</u> 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov 26</u> 191 <u>4</u> (Month) (Day) (Year)	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED	I hereby certify, that I attended deceased from <u>Nov 17</u> 191 <u>2</u> to <u>Nov 17</u> 191 <u>2</u> ; that I last saw h. <u>him</u> alive on <u>Nov 17</u> 191 <u>2</u> and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Nephritis, Arterio-sclerosis</u>	
AGE <u>71</u> yrs. _____ mos. _____ days _____ hrs., or _____ min.	OCCUPATION (a) Trade, profession or particular kind of work <u>Farmmer</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____	Was disease contracted in Arizona? <u>Yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Tenn</u>	NAME OF FATHER <u>Do not know</u>	CONTRIBUTORY _____	
BIRTHPLACE OF FATHER (State or country) <u>W S</u>	MAIDEN NAME OF MOTHER <u>Do not know</u>	(Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE OF MOTHER (State or county) <u>W S</u>	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Edith Walker Farrell</u> (Address) <u>Miami, Ariz</u>	(Signed) <u>Norman J. Farrell</u> (Address) _____	
PLACE OF BURIAL OR REMOVAL <u>Gila Argu</u>	DATE OF BURIAL OR REMOVAL <u>11-20</u> 191 <u>2</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
UNDERTAKER <u>J. Miller</u>	ADDRESS <u>Gila Argu</u>	LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. Former or Usual Residence _____	
		Filed <u>11/20</u> 191 <u>2</u> <u>B. G. J. O.</u> Local Registrar Filed <u>11/20</u> 191 <u>2</u> <u>B. G. J. O.</u> County Registrar	